



Multifunctionality and care farming: Contested discourses and practices in Flanders

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ABSTRACT

In recent years, European political, professional, and scientific interest in care farming – the farm-based promotion of human health and social benefits – has been growing. This growing interest can be largely explained by transformations within the agricultural sector (from productivist towards multifunctional practices) and within the health and social service sector (from highly institutionalized to community care). The concept of care farming has the propensity to bring the above transformations together and link the two formerly distinct sectors. In practice, however, boundaries between such distinct social worlds are not easily bridged. This paper studies to what extent and why care farming in Flanders (the northern part of Belgium) is characterized by synergetic practices and coalitions that move beyond traditional sectoral boundaries. Based on a literature study and qualitative interviews with different actors involved in care farming operating at different institutional levels (including care farmers, care institutions, farmer and care sector representatives, and representatives of the Ministries of Agriculture and of Public Health), the paper determines the discourses and practices enabling and constraining cross-sectoral synergies. The paper concludes with discussing the impacts that these enabling and constraining factors have (had) on the innovative character of care farming in Flanders.

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1. Introduction

In recent years, European political, professional, and scientific interest in care farming – the farm-based promotion of human health and social benefits [1] – has been growing. This growing interest is for an important part inspired by transformations within the agricultural and the health care sectors [2,3]. Agriculture goes through substantial economic, socio-cultural, and ecological changes in the face of altering political, market, and social demands [4,5], signifying a shift from a productivist towards a multifunctional agricultural regime [6]. The conventional, highly institutionalized health care system is increasingly challenged on cost-efficiency and moral grounds [7], triggering a socialization of care through an integration of clients in society with a focus on clients' potential to actively participate in community life [8,9]. The concept of care farming has the propensity to bring the above transformations together and link the two formerly distinct sectors [10].

Care farming is often portrayed as a win-win situation for agriculture and health care [11,12]. Within the framework of multifunctional agriculture, care farming comes forward as a

'broadening' activity that may widen farmers' income flows, contribute to (re)new(ed) agriculture–society relations, and foster rural development [13]. From a socialization-of-care perspective, care farming signifies a concrete example of an empowerment-oriented practice centring on social integration [3]. Yet, despite these apparent cross-sectoral benefits, the boundaries between distinct social worlds like those of agriculture and health care can be difficult to bridge in European practice [1,12].

In the emerging body of social scientific literature on care farming, care farming is principally considered a social innovation – a set of novel strategies, concepts, and organizations that meet social needs and strengthen civil society [1] – that is locally rooted in perspectives and practices of farmers or small groups of local stakeholders. Stemming from such distinct localities, which in turn are embedded within context-specific socio-economic and political structures, care farming may institutionalize in different arrangements (e.g., market-based ones as in the Netherlands, or voluntary ones as in Italy [13,14]), and in different combinations of 'care' and 'farming' (e.g., a deliverance of care on private farms as predominantly found in the Netherlands, or an integration of farming practices in health care institutions as in Austria and Germany [15]). Yet, despite such context-specific differences, it is generally claimed that pathways of innovation can be seen as the same throughout Europe, with a mutual recognition and funding of care

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farming arrangements by both the agricultural and health care sectors as an endpoint [1,11].

Analysing the factors that stimulate such an innovation, scholars tend to adopt institutional and rational choice approaches – leading respectively to a focus on issues as norms, organizations, procedures and laws (institutions), and on knowledge and information. For instance, Vik and Farstad [12] argue that in Norway institutional frameworks that facilitate market transactions between farmers and health care agents should be constructed to embed care farming in the distinct social worlds of these agents and to stimulate growth in the number of care farming services. In Di Iacovo and O'Connor [1], an improvement of knowledge and awareness about care farming is considered key to promoting a mutual recognition of care farming amongst agricultural and health care agents, and a subsequent institutionalization of care farming arrangements in judicial and policy frameworks.

From these conceptual perspectives, social scientists have tended to consider care farming arrangements in Flanders (the northern part of Belgium) as an illustration of care farming's innovative potential, because unlike many other EU regions and countries, Flanders has established an institutional framework that mediates cross-sectoral interaction, and has a relatively large number of care farms [11,16]. This paper critically examines to what extent and why care farming arrangements in Flanders are actually characterized by synergetic practices and coalitions that create cross-sectoral benefits and innovation. We do so by taking the meaning-giving 'homo interpreter' as an analytical starting point of our analysis, which provides an alternative to the models of the rational 'homo economicus' and the norm-following 'homo sociologicus' and allows for drawing another picture of Flemish care farming developments [see also 17,18]. Based on a literature study and qualitative interviews with care farming agents from different sectors and different institutional levels, we determine the discourses and practices enabling and constraining cross-sectoral synergies. Subsequently, we discuss the impacts that these enabling and constraining factors have (had) on the innovative potential of care farming in Flanders, and reflect on our analysis' contribution to the growing body of literature on agricultural and health care innovation through care farming in Europe.

2. Care farming discourses and practices

To gain insight into the degree to which and reasons why Flemish care farming institutions and practices originate from and contribute to innovative cross-sectoral synergies, we adopt a discourse analytical approach. Rooted in the interpretative tradition of the social sciences [19], discourse analysis accommodates the existence of the distinct, socially mediated realities that are observed to exist in the European agricultural and health care sectors [1,12]. Discourse analysis starts from the assumption that a discourse – which can be defined as an ensemble of social representations through which meaning is given to social and physical phenomena – is constituted in, and constitutive of social practices [19]. So this approach implies that agents' positions towards care farming do not principally stem from social world's norms, or from rational actors' responses to objectively determinable opportunities to promote multifunctional agriculture or the socialization of care [17]. Instead, this approach analyses these positions by studying the processes through which agents construct discourses by giving meaning to care farming and through which existing discourses and practices structure this meaning-giving process [18].

Discourses can be expressed at the levels of institutions and everyday practices, and can be linked to networks of actors sharing them. These 'discourse coalitions' emerge when discourses suggest a shared way of comprehending the world by reducing discursive

complexity, allowing actors to fit in their bits of information in wider knowledge frames [20,21]. Discourses situate phenomena in cultural, historical, and political contexts, and position actors in relation to these phenomena. In this way, (key actors in) discourse coalitions legitimate particular practices and policy options over others – either formally if discourses become translated into policies and organizational arrangements, or informally if agents internalize discourses and 'discipline' their thinking and acting on the basis of them [19,22]. Accordingly, discourse analysis allows for a focus on how care farming arrangements are informed and (de)stabilized by ideas, concepts and categories that are advocated and adopted by actors and their coalitions.

Analysing care farming arrangements in different European countries, Bock and Oosting [15] distinguish three analytically distinct meta-discourses that inspire these arrangements: (1) the discourse of multifunctional agriculture (care farming as a novel agricultural function and income source), (2) the discourse of public health (care farming as a health promotion instrument operating through clients' engagement with nature and green labour), and (3) the discourse of social inclusion (care farming as a facilitator of social re-integration and social justice). The authors note that normally one of these meta-discourses predominantly informs national organization and payment forms [1]. If, however, care farming practices in Flanders are valued as innovative cross-sectoral arrangements, we may expect to find that neither the discourse of multifunctional agriculture, nor that of public health or social inclusion is – formally or informally – significantly more dominant than the other(s) in stimulating this innovation.

3. Methodology

To study how discourses and discourse coalitions were constitutive of, and have been constituted by Flemish care farming arrangements, we conducted a literature study and 21 qualitative interviews with care farming agents from different sectors and institutional levels (see Table 1). For our literature study, we selected all available Flemish legislative texts and parliamentary documents dealing with care farming,¹ as well as grey literature that interviewees considered key documents in the history of care farming in Flanders. To gain further insight into (the history of) care farming discourses and practices of different government departments, non-profit organizations, and unions and umbrella organizations, we interviewed representatives of these organizations who are responsible for following up care farming issues. We applied snowball sampling to assure that our selection covered all relevant organizations, and ceased interviewing once interviewees' information no longer improved insight into organizational dynamics and the point of data saturation was hence reached.

To study cross-sectoral dynamics amongst actors who together constitute everyday care farming practices, we interviewed three sets of: (1) care farmers; (2) representatives of care facilities from different sectors involved in care farming arrangements (foster care; psychiatry; care for mentally impaired persons); and (3) clients or their family members.² These actors were approached

¹ These documents are available through an online database from the Flemish Parliament, available at: <http://www.vlaamsparlament.be/Proteus5/zoekInArchief.action>. Documents were searched for by using the terms *zorgboerderij* (care farm), *zorglandbouw* (care agriculture), and *groene zorg* (green care), which yielded respectively 46, one, and 22 documents on 4 August 2011. The database contains documents from the parliamentary year 1971–1972 onwards. All documents containing the above search terms stem from the parliamentary year 1999–2000 onwards.

² We interviewed one client one-on-one, one client together with his parents, and one client's mother.

Table 1

Number of interviewees according to type of agent and sector.

Agent	Agricultural sector	Health care sector	Educational sector	Support Centre for Green Care
Government departments	2	2	1	
Unions/umbrella organizations	2	2		
Non-profit organizations		1		2
Farmers	3			
Health care facilities		4		
(Parents of) clients		3		

with the help of the Support Centre for Green Care – a non-profit organization that promotes care farming in Flanders. All interviews were conducted between April and July 2011.

Interviewees were questioned using a semi-structured questionnaire that dealt with: (1) the organization's or individual's definition of care farming; (2) the organization's or individual's perspective on the pros and cons of care farming; (3) the organizational or individual history regarding care farming; (4) the organization's or individual's evaluation of current care farming institutions and practices; and (5) the organization's or individual's future outlook on these institutions and practices. Both the interviews and the collected documents were analysed on the occurrence of elements of discourses (cultural, historical, and political contextualizations, and ideas and concepts positioning actors in relation to care farming), on the actor coalitions associated with these discourses, and on developments of discourses and coalitions through time. The discourses have been connected to developments of Flemish care farming institutions and practices to determine discourses' formal and informal institutionalization.

In the following sections we discuss the results of our empirical analysis. We start by briefly introducing Flemish care farming institutions and practices. Subsequently, we discern two distinct Flemish care farming discourses, and discuss how these discourses were co-constitutive of, and co-constituted by the institutions and practices.

4. Setting the stage: introducing Flemish care farming institutions and practices

Care farming in Flanders has a long history. Already since the 13th century, farmer families have taken in people with psychiatric problems in the city Geel [23]. Throughout the 20th century, different care facilities established care farms, primarily to accommodate care needs of youngsters and mentally impaired persons [24]. Yet, it was not until the early when a marked growth in private care farming initiatives run by farmers and care facilities was observed [11] and care farming started to appear on Flemish public and political agendas.

In 2004, the non-profit *Support Centre for Green Care* was established. This Support Centre was founded by Cera (a co-operative financial group), the Flemish Farmers Union, and KVLV (a rural women movement that delivers, amongst other things, informal and domiciliary care services). The Support Centre's aim is to promote 'Green Care', which it delineates as "all possible fruitful combinations of a green environment with care for a broad spectrum of vulnerable groups in society" ([24]: p. 6, *our translation*). In practice, the Support Centre principally focuses on promoting care farms, which it delineates as agricultural enterprises that provide on-farm care as an additional task.

In 2005, the Flemish government introduced legislation on care farming as an application of the First Flemish Rural Development Programme [25]. According to this legislation, professional farmers can apply for a care farming subsidy with the Ministry of Agriculture. This subsidy is € 40 per day, independent of the number

of clients, with a maximum of three clients.³ The subsidy is no remuneration for supplying care, but compensation for a loss of agricultural productive time [24]. This loss is considered the same regardless of whether one or three clients visit a farm. To be eligible for the subsidy, applicants must confirm to the legislative definition of the profession 'farmer'.⁴ Moreover, applicants are obliged to collaborate with a care facility that is recognized by the Ministry of Public Health or with a counselling centre for high school students belonging to the Ministry of Education.⁵ These organizations may not pay a salary to farmers but only an expense allowance. Furthermore, applicants are obliged to use an official care farm contract that stipulates the responsibilities of the farmer involved, the care institution, and the client. The Ministry of Agriculture is responsible for monitoring whether farmers are eligible to receive a subsidy or not; care facilities are responsible for ensuring the quality of care farming practices, and in turn are monitored by the Ministry of Public Health.

Since the establishment of the Support Centre and the legislative framework, the number of care farms and care sector requests for places on these farms has risen steadily. The Flemish agricultural department counted less than 100 subsidized care farms in 2005, and 500 in 2010. The number of care-days on subsidized farms (= total amount of subsidy payments divided by €40) has risen from 8223 in 2006 to 29,815 in 2010 [28,29].

These figures, and the creation of the Support Centre and the care farming legislation that both entail an involvement of agricultural and health care agents, suggest cross-sectoral common ground concerning the preferred shape of Flemish care farming arrangements. In the next sections we analyse how developments in care farming discourses were informing, and informed by care farming institutions and practices, and discern if agents from the different sectors actually share a common understanding of the pros and cons of current care farming arrangements.

5. Initial care farming discourses and their institutionalization

In the early 2000s, the Ministry of Agriculture and the Flemish farmers unions considered care farming an opportunity to enhance the public and self-image of farmers. Amidst public concerns about agriculture's negative environmental impact and international food crises such as Bovine Spongiform Encephalopathy (BSE), a major

³ Professional farmers can also receive a subsidy of € 15 per day if they allow a care institution to make use of their farm infrastructure. Until October 2008, the Ministry of Agriculture registered only two of such arrangements [27]. Therefore, this paper does not focus on this type of care farming.

⁴ The profession 'farmer' has been defined within Flemish legislation as: a person running an agricultural company with a minimum labour requirement of 0.5 full time employment, and who spends at least 50% of his working time, and earns at least 35% of his employment income at this agricultural company.

⁵ The involvement of the Ministry of Education and the education sector is in discourse and practice strongly linked to the involvement of the Ministry of Public Health and of the health care sector, because the majority of students making use of care farming arrangements are placed under youth care supervision [28]. For this reason, combined with reasons of conciseness, this paper focuses primarily on the cross-sectoral dynamics between the health care and agricultural sectors.

Belgian food scare started in 1999 when the public learned that toxic dioxins had entered the food chain. Interviewees describe the then public perception of farmers as ‘sickeners’ who only care about making money and who “pay too little attention to sustainability”.⁶ Care farming provided an opportunity to promote a different image: that of farmers as ‘healers’.

This agriculturalist focus on care farming informed a discourse that we may term the ‘caring multifunctional farmer’. This discourse stressed that farmers are inherently apt to provide health care. Within this discourse, the farm was conceptualized as – to quote the then Minister of Agriculture ([30], p. 12) – “an environment with the rhythm of the seasons, the growth of plants and animals and furthermore [...] the serenity of nature”, making it a location “par excellence to offer persons with care needs good possibilities to recover”.⁷ Furthermore, farmers and their families were conceptualized as intrinsically good caregivers because they are down-to-earth, straightforward, their days are well structured, and they are used to providing care to animals and plants. The fact that many women farmers have a health care degree underlined a strong link between farming and care [31]. Finally, the discourse stressed that farmer families have provided on-farm care for centuries, so that care farming comes naturally to the farmers community.

The ‘caring multifunctional farmer’ discourse that was subscribed to by a coalition of the Ministry of Agriculture and farmers’ representatives, considered care farming a ‘broadening’ activity that contributed principally to the social sustainability of farms, rather than to their economic sustainability. Notably, within the agriculturalist discourse little focus was placed on opportunities to diversify farmers’ income flows – a focus that could reaffirm agriculture’s image as being ‘all about money’. Yet, the discourse did emphasize that in a context of “an intensification, an advanced specialization and an advanced mechanization [it is] not evident that a farmer takes up these care-tasks again” [32]. Therefore, the agriculturalist discourse coalition advocated a governmental subsidy scheme “to encourage the farmers a bit, by providing public appreciation for the fact that something happens concerning care and to absorb the costs a bit”. Additionally, this coalition called for legislation to solve formal indeterminacies concerning insurances, and concerning farmers’ and care facilities’ responsibilities for ensuring the quality of on-farm care. Furthermore, such legislation would help to make care farming better known in the health care sector, and would help to avoid (public perceptions of) clients being abused by farmers by institutionalizing care farming as a care practice and not as a means to get cheap agricultural labour.

In the early 2000s, the Ministry of Public Health and the health care sector started a search for ways to re-integrate patients in society by providing them with non-paid work. By honouring clients’ ‘right to work’, clients could re-experience a structured day, personal development, and social respect [33]. From this perspective, a farm was one amongst other places where patients could work and experience social inclusion [33,34]. Health care sector-representatives categorized farms as locations where clients could work in a non-therapeutic (i.e., non-institutional) yet structured environment, receive personal attention by non-professional caregivers, and be placed and activated according to their specific care needs [31,34]. Moreover, health care agents held that “Contact with [e.g., agricultural] nature is [...] an important resource to meet certain care needs” ([35], p. 2). Yet, these characteristics did not define care farming as a distinct concept of care. Rather, care farming was considered an agriculture-based – instead of a health care-based – re-definition of already existing and adequately legislated care

practices, including institutional and non-institutional care farms, therapeutic gardening, and non-therapeutic work projects [35].

So care farming was understood by a coalition of health care sector representatives and the Ministry of Public Health through a ‘socialization of care’ discourse in which care farming was not considered a professional care arrangement in its own right. As the then Minister of Public Health argued, “in recent years, and actually in Geel since hundreds of years, it has been shown that living and working on a farm often offers the perfect answer to an *individual* care need of diverse categories of persons requiring care” ([35], p. 2, our emphasis). Therefore, care facilities should continue to decide whether their clients may benefit from care farming or from another activity, and should – according to existing legislation – remain formally and professionally responsible for ensuring that all of their clients receive quality care. The absence of a subsidy scheme to promote care farming among farmers was not considered problematic; on the contrary, such a scheme could incite farmers to supply care for economic instead of social reasons by rewarding them with an extra income on top of cheap labour.

Despite the reluctance of health care agents to recognize care farming as a distinct care arrangement, 2004 and 2005 saw the establishment of respectively the Support Centre for Green Care and care farming legislation. These institutional developments can be understood by analysing how the agriculturalist and health care discourses jointly informed these institutionalizations.

Being established by organizations representing agricultural and health care agents, the Support Centre’s installation and functioning was inspired by the two distinct discourses discussed above. In line with the ‘caring multifunctional farmer’ discourse, the Support Centre was to promote the broadening of farmer activities and enhance agriculture’s social sustainability. In line with the ‘socialization of care’ discourse, the Support Centre was to meet demand for care farms from health facilities that aimed to socially integrate individual clients in a small-scale, informal setting [24]. Balancing these two discourses, in its practical focus the Support Centre directed its attention to promoting care delivered at professional farms, instead of also other Green Care initiatives. On the health sector’s demand, the Support Centre would not match clients and farmers nor educate care farmers because these activities would contribute to delivering professional care – which was and should remain a formal care facility responsibility [31].

Flemish care farming legislation was, like the establishment of the Support Centre, markedly informed by the distinct agricultural and health care discourses. Notably, since only professional farmers can receive a care farming subsidy, other actors such as hobby farmers and care facilities that supply care in farm environments are excluded from the subsidy scheme. So the subsidy scheme does not principally promote health care initiatives but rather the multifunctionality of professional farms.

The condition that only farmers who collaborate with care facilities that are recognized by the Ministry of Public Health can receive a subsidy is to ensure that clients reside at farms for their own benefit (experiencing social inclusion), instead of the economic benefit of farmers (getting cheap labour) – meeting concerns implicated in both discourses. Moreover, due to this condition, subsidized care farming is recognized as an additional or temporary solution for clients of care facilities [36] and – in line with the ‘socialization of care’ discourse – not as an institutional care arrangement in its own right.

The subsidy is a flat rate and compensates the loss of agricultural productive time to avoid that farmers start a care farm for economic reasons only. As the then Minister of Public Health argued: “From a health care perspective the subsidy of maximally € 40 per day can serve as a safeguard for quality. A care farmer will only choose to supervise multiple clients at the same time (with a maximum of three according to the legislation) if he is sufficiently intrinsically

⁶ All quotes from the interviewees are the authors’ translations.

⁷ All quotes from documents written in Dutch (Refs. [24–36]) are the authors’ translations.

motivated to do so” ([27], p. 176). In this way, the Flemish legislation institutionalizes non-professional but socially sustainable care farming practices by professional farmers.

6. Care farming discourses and practices after their institutionalization

Having traced initial care farming discourses and their institutionalization in the previous section, in this section we will analyse developments in Flemish care farming discourses and practices – and the cross-sectoral dynamics implicated in these – after this institutionalization. We will structure this analysis at three institutional levels: (1) the level of care farmers, care facilities, and clients, who together co-constitute day-to-day care farming practices, (2) the intermediary level of the Support Centre for Green Care, and (3) the level of government departments.

6.1. Care farmers, care facilities, and clients

In line with the survey results of Goris et al. [24], interviewed farmers deliver care at their farms because they want to put their educational and professional background in health care to use, as they are intrinsically motivated to help clients (“If they feel well, then I feel well”), and to enhance the public image of agriculture. Farmers appreciate the existence of the legislative framework as it helps to ensure that farmers and clients are well insured, and because it formalizes the clients’ status as patients – thus helping to avoid public perceptions of clients being cheap extra hands. Farmers deem the subsidy that they receive to be of little economic value, but consider it a well-deserved “acknowledgement of one’s dedication” to clients. Moreover, farmers argue that the smallness of the governmental remuneration ensures that “everyone realizes that we are not in it for the money”. A farmer feels unacknowledged by health care agents because only the Ministry of Agriculture subsidizes care farmers, while “we put in an equal amount of work [in supervising clients per care day] as supervisors in a facility”. Yet, the farmers do not consider themselves professional caregivers; they are informal caregivers who help clients by remaining themselves: “That is actually the principle of a care farm. [...] You do not have to do anything special or read books about it [...]. That is to be left to the professionals”. So care farmers largely subscribe to, and put into practice the institutionalized discourses of care farming as an informal, socially sustainable type of care.

Care facility representatives equally conceptualize care farming in accordance with the institutionalized emergence of initial discourses. Employees from care facilities perceive care farming as “just one among many” possibilities to integrate clients in the society: “it is an extra colour on my palette and the more colours you have, the easier it is to satisfy someone”. Care facilities co-operate with farmers to meet the needs of individual clients who benefit from working in family firms, from structured daily schedules, and from being in nature and around plants and animals. None of the care facility representatives think that farmers only supply care to earn extra income, and all argue that an economic compensation for “the social engagement of farmers” is justified. One interviewee did question why only farmers are subsidized, instead of also other actors with whom she co-operates to provide clients with non-paid labour. Eventually, all care facility representatives stipulated that they are and remain clients’ professional therapists: “it is certainly not the intention that [care farming] becomes therapeutic. If [the client] requires therapy, then he should come to us”.

The three interviewed (parents of) clients, finally, also used arguments from the institutionalized discourses to explain why they appreciate care farming: (1) it structures clients’ days, (2) it allows clients to work in a green and safe environment, and (3)

it involves non-institutional social relationships in which “you are not looked upon as a patient with a clinical picture who requires evaluation talks; it is just ‘normal’”. Clients particularly appreciate the experience of working and of making oneself useful in a non-institutional setting. Therefore, clients experience going to a care farm as going to work, rather than as going to a place where they receive care.

Interviewed farmers, care facility representatives, and (parents of) clients deem the cross-sectoral interaction between farmers and care facilities to be predominantly well-organized and productive. Contacts between these parties may be co-mediated by the Support Centre for Green Care, or may be established in direct interaction between farmers and care facilities.⁸ In the latter case, cross-sectoral dynamics depend to an important degree on the commitments and the competencies of the farmer and the care facility representative involved. One farmer who co-operated directly with care facilities complained that “I have experienced on multiple occasions that [care facilities] dump youngsters on a care farm. Then they get rid of them for the entire day and the farmer is stuck with him”. A care facility employee, however, indicated that he did his best to maintain good relations with care farmers: “I call [the care farmers] our clients too [...] If you have a care farmer that engages himself and if it always fails, then that person will one day say: ‘Stop approaching me, enough is enough’”. When contacts are co-mediated by the Support Centre, then these contacts tend to result from initial matching activities by this organization: the Support Centre then screens the care farm, gathers information on the client’s care needs from the care facility, and subsequently proposes to match particular farmers and clients – while leaving final decisions in this matter to farmers, care facilities, and clients. These activities run against the health care sectors’ initial insistence that the Support Centre should refrain from matching clients and farmers. Yet, interviewees – including care facility representatives – state that they are satisfied about these matching activities, because the Support Centre has “a good eye on it”, and for reasons discussed below.

6.2. The mediating position of the Support Centre for Green Care

Since its establishment in 2004, the Support Centre has gradually expanded the range of activities that it undertakes to promote care farming – without running against the initial discourses that informed the centre’s establishment. As discussed above, the health sector initially stressed that the Support Centre should refrain from educating care farmers and from matching clients and farmers because such activities would professionalize care farming while it was to remain an informal type of care. Yet, on farmers’ demand, the Support Centre has started to organize events in which care farmers can exchange experiences, allowing farmers to learn from their peers. Moreover, the Support Centre has taken up matching activities. Health care agents especially appreciate such matching efforts because, as a health care union representative explained, “it is not easy for a care facility that is not part of that [agricultural] world to go on its own to a farmer [...] and ask: ‘are you willing to do this [receive this particular client on your farm]?’” So some care facilities prefer leaving the initial search for suitable and interested farmers to the Support Centre. What is more, because the matching and educational activities do not institutionalize care farming as a distinct professional care arrangement, but only support care

⁸ These contacts are also subject to legal requirements: farmers, care facility representatives, and clients are obliged to have one on-farm meeting before they sign a care farm contract, and the farmer and a care facility representative are required to have at least one on-farm evaluation talk every three months.

facilities in their efforts to supply quality care to clients, the health care sector approves of these activities [24].

The Support Centre has also started to protect farmers from being abused by care facilities. It does so by co-mediating and at the same time keeping a watchful eye on contacts between farmers and care facilities, and by serving as a body to which farmers can easily communicate complaints – which the Support Centre subsequently aims to address itself, or communicates to relevant agricultural or health care agencies. As argued by a care sector representative, when care facilities directly co-operate with farmers then “this [care facility] does it this way and the other does it that way, and that one ‘dumps’ [a client on a farm] and that one does it competently [...] The Support Centre for Green Care monitors this in a way: is the care farmer not abused? Does the facility do its job, does it supervise, did it give [the farmer] clear information?” Because such monitoring – just like the educational and matching activities – only assists the health care sector in meeting its formal and professional responsibilities, the health care sector welcomes it.

In sum, the discourses that informed the Support Centre’s establishment incorporated room to expand the range of activities that this organization undertakes to promote care farming. At the same time, however, these discourses and their institutionalization entailed a predominant reliance by the Support Centre on funding by agricultural agents who aim to promote multifunctional agriculture. The Support Centre was initially co-financed by the Ministry of Agriculture with European Rural Development means, but from 2007 onwards the EU prohibited such funding, amongst other reasons because it considered care farming a care practice and health care is not an EU competency [26]. From late 2008 until late 2010, the Ministry of Agriculture co-financed the Support Centre to support agricultural diversification within the framework of the EU sugar restructuring scheme. Since late 2010, the Centre operates on provincial funds and private money from the Flemish Farmers Union. Considering care farming a non-professional type of care, health care agents have refrained to date from financially supporting the Support Centre (see Section 6.3) [29].

Moreover, the initial discourses’ institutionalization has continuously constrained the Support Centre’s practical focus on the promotion of care farms at the expense of attention for other Green Care initiatives. The Support Centre notices that: “Initiatives in which agri/horticultural activities are just a secondary task and care-aspects are central (like children’s farms, horse riding centres providing hippotherapy [...]) are valuable initiatives that are excluded due to a lack of legislation. Support for these projects is desirable” ([24], p. 48). Moreover, a Support Centre representative explained that “we do not choose for it [giving such support to Green Care initiatives other than care farms] within our Support Centre for Green Care because we are rather allied with the agricultural sector. But if it emerges, why would we stop it?”, while adding: “The more initiatives, the better”.

6.3. Government departments

Representatives from the Ministry of Agriculture consider Flemish care farming arrangements – given the recent growth in number of care farms – a success “beyond expectations”. On the one hand, they explain this success by reiterating the initial ‘caring multifunctional farmer’ discourse. That is, the success illustrates that farmers are willing to adopt socially sustainable practices. Moreover, the success is explained in reference to “farmers’ mother wit”, many women farmers’ educational background in health care, the health benefits of being in a green environment, and – according to the current Minister of Agriculture – the fact that “Care and agriculture are very similar. Care for nature and care for people” [28]. With the use of this initial discourse, the Ministry of Agriculture also

aims to convince the EU that care farming arrangements should be made eligible for receiving European Rural Development money: care farming is a socially sustainable type of multifunctional agriculture that “contributes directly to the quality of life in rural areas” [26].

On the other hand, care farming’s success has inspired an extension of the initial agriculturalist discourse. The evidence from growth figures that care farming has substantial benefits for the health care sector, has been used by the Ministry of Agriculture to advocate funding of the Support Centre and of farmers’ care practices by the Ministry of Public Health and care facilities. The Minister of Agriculture recognizes that such funding could trigger new on-farm dynamics, as it may involve a professionalization of care farming: “[currently, the] subsidy is not a subsidy for care-activities but a compensation for the time that is put in care in a voluntary engagement for a good cause. The question is should we draw the line here or do we accept that some companies go further and [...] specialize as professional care-farms” [28].

Interviewees from the Ministry of Public Health stipulate – in line with the initial ‘socialization of care’ discourse – that care farming should remain to be seen as “a form of informal care”. Therefore, the Ministry of Public Health is not willing to fund care farmers: “Since that would inevitably imply institutionalization with all due consequences, like rules of acknowledgement, requirements for education and updating training for the care provider, and organizing monitoring. The main added value of this arrangement lies in the subjective match between a farmer and a client, between spontaneous demand and nearby supply, between subjective needs for outdoor work and an informal supply of simple chores” ([36], p. 24). Subsidizing care farmers equals subsidizing agricultural diversification, which is a task of the Ministry of Agriculture. Providing additional funding to care facilities that co-operate with care farms is not considered opportune either, as such care facilities already save time and thus money when farmers receive their clients.

The Ministry of Public Health does acknowledge the Support Centre’s efforts to help ensure the quality of care farming arrangements, and therefore considers collaborating with, and financially supporting the Support Centre [36]. Collaboration could imply that care farm contracts may only be agreed upon in the Support Centre’s presence, which is to guarantee that all parties are acquainted with care farming’s pros and cons, and with all parties’ rights and duties – including the duty not to ‘dump’ patients on farms. While considering whether or not to financially support the Support Centre, the Ministry of Public Health asked the Ministry of Agriculture to amend the existing legislation by making horse riding centres and gardeners also eligible for receiving a care farming subsidy. The Ministry of Agriculture refused – according to one of its civil servants – because such practices take place outside the safe environment of care farms and thus are less beneficial to clients, and because such practices fail to enhance agriculture’s social sustainability.

7. Discussion

In this paper we have studied to what extent and why Flemish care farming institutions and practices represent and foster cross-sectoral innovation. We discerned two distinct discourses and related discourse coalitions that informed Flemish institutions and practices. On the one hand, we found an agriculturalist coalition that shared a ‘caring multifunctional farmer’ discourse in which care farming was conceptualized as a socially sustainable practice that taps into professional farmers’ innate inclination to provide care. On the other hand, we discerned a health care coalition that subscribed to a ‘socialization of care’ discourse and considered care farming one amongst other non-professional, socially inclusive care

practices [15]. Both discourses informed the Flemish institutional framework, which principally recognizes and promotes care farming as an agricultural diversification strategy, and not as a distinct health care arrangement.

What follows from this analysis is that the Flemish institutional framework represents innovative formal recognition and support only from an agriculturalist perspective. Notably, the 'socialization of care' discourse that informed health care agents' institutional involvement does acknowledge that care farming may contribute to a provision of quality care. At the same time, however, these agents' institutional position avoids an institutionalization of care farming as a professional care practice in its own right. The legislative obligation for subsidized farmers to collaborate with formally recognized care facilities ensures that the Ministry of Public Health and care facilities remains formally responsible for ensuring the quality of on-farm care – just like when care facilities provide their clients with non-paid work in other informal settings. In this way, health care agents forestalled that care farming became institutionalized as a health care innovation.

Our analysis therefore invites another assessment of the innovative character of Flemish care farming institutions and practices than what the institutional and rational actor perspectives discussed in the introduction do suggest. Working from these perspectives, scholars have considered Flanders, with its institutionalized involvement of both agricultural and health care agents in care arrangements, and its – in a European comparative perspective – relatively large number of care farms, an example of the cross-sectoral innovative potential of care farming in Europe. Our analysis revealed that the Flemish institutions and practices are principally informed by a conceptualization of care farming as a 'mono-sectoral' innovation. This is not to deny that the Support Centre for Green Care and the distinct care farming legislation have contributed to agricultural sustainability and to (an increase in practical possibilities to realize) a socialization of care in Flanders. Rather, our analysis invites other types of action to further promote care farming practices than institutional and rational actor approaches suggest.

Inspired by the health care coalitions' discourse, the Flemish institutional framework entails an absence of financial support of care farming arrangements by health care agents. Moreover, and in line with the agriculturalist discourse, the institutional framework principally promotes care farming practices by professional farmers, instead of also by other actors willing to combine farming with care. As such, additional possibilities to cross-sectorally support, promote, and establish care farming arrangements exist. Starting from institutional and rational actor perspectives, types of action to realize such possibilities typically centre on a (re-)building of cross-sectoral institutions and knowledge – as for instance practised by the Ministry of Agriculture when it proposed an institutional framework in which care facilities (co-)finance care farmers, and when it drew the Ministry of Public Health's attention to care farming's health care benefits by pointing at the growth in the number of care farms.

Our analysis showed that instead of institutional or knowledge deficits, discursive contestations most fundamentally inhibit care farming innovations. These contestations revolve around two main issues that touch upon the very definition of care farming on which relevant institutions and knowledge are to be built. Firstly, the continuous agriculturalist conceptualization of care farming as a professional farmers activity discords with the health care sector's 'socialization of care' discourse. Within this latter discourse, the 'professional farm' has little categorical relevance: care farms are only one among many informal care settings, and their green element is also available in other care environments. Secondly, the agriculturalist plea to recognize care farming as an institutional health care practice conflicts with the health care coalition's

idea of socializing care by placing clients in non-institutional settings.

Unless these discursive differences are addressed and overcome, we may not expect to see fundamental institutional and practical innovations in Flanders that are based on a collaborative effort of agricultural and health care agents. Addressing these discursive differences requires a cross-sectoral dialogue in which conflictive discourses are made the explicit topic of deliberation, and may possibly be amended in mutual interaction [18]. Identifying the discourses through which agents give meaning to care farming is a first essential step to make such a dialogue possible, with which this paper has made a start.

8. Conclusions

While the Flemish institutional framework grew out of a (at least: suggested) common understanding of the concept of care farming amongst agricultural and health care agents, the concept has become subject to discursive complexity. The current stability of the institutional framework rests as much on the uncontested conceptualization of care farming as an innovative agricultural practice, as on the contested notion of it being a non-innovative care practice. Co-mediated by this institutional framework, dynamics between care farmers, care facilities, and clients have predominantly been characterized by cross-sectoral benefits from, and a growing interest in, care farming initiatives. At the same time, however, this institutional framework fails to support different initiatives that combine farms and green environments with social inclusion and care. Current care farming discourses do not suggest that agricultural and health care agents will soon collaborate to establish fundamental institutional and practical innovation, as present cross-sectoral dynamics inhibit rather than stimulate change [1,11].

Flemish care farming institutions and practices were developed within distinct cultural, socio-historical and political contexts (including food and environmental crises, a long-standing care farming tradition, a philosophy of socializing care by honouring clients' right to work). Co-mediated by these contexts, care farming was given meaning through two distinct discourses that co-constituted care farming institutions and practices centring on a specific selection of all multifunctional farms [4], of possible Green Care practices [10], and of potential clients. As such, Flemish care farming arrangements have emerged as contingent historical phenomena, and we should therefore be careful in generalizing our findings to other European countries. What we can conclude is that discursive dynamics played a quintessential role in Flemish care farming developments. Further research into such discursive dynamics in other European countries and through international comparative studies is required to deepen our understanding of the role that discourses play in structuring care farming arrangements, and to shed an important light on (potential) care farming developments in Europe.

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